

## VOUCHER (Continuation Page) Parent/RA

County Case No.:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ male ☐ femaleParent must pay the following fee beginning: \_\_\_\_\_ Race: ☐ H/L ☐ AI/AN ☐ Asian ☐ B ☐ NH/PI ☐ W

Type of Care	Monthly Parent Fee	Daily Parent Fee	EIS ID No.:
Full Time	\$ _____	\$ _____	DCS ID No.:
¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____
½ Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start

Transportation Payments: begin on \_\_\_\_\_ and end on \_\_\_\_\_

Days/Hours Child Care is Needed:	M	T	W	Th	F	S	S	From	a.m./p.m.	Until	a.m./p.m.
Circle days and enter times.								From	a.m./p.m.	Until	a.m./p.m.
								From	a.m./p.m.	Until	a.m./p.m.

Dates School Age Care is Needed:	From:	Until:	Before/After School/Summer
1) Enter dates: month/day/year	From:	Until:	Before/After School/Summer
2) Circle type of care needed.	From:	Until:	Before/After School/Summer

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ male ☐ femaleParent must pay the following fee beginning: \_\_\_\_\_ Race: ☐ H/L ☐ AI/AN ☐ Asian ☐ B ☐ NH/PI ☐ W

Type of Care	Monthly Parent Fee	Daily Parent Fee	EIS ID No.:
Full Time	\$ _____	\$ _____	DCS ID No.:
¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____
½ Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start

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Days/Hours Child Care is Needed:	M	T	W	Th	F	S	S	From	a.m./p.m.	Until	a.m./p.m.
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Dates School Age Care is Needed:	From:	Until:	Before/After School/Summer
1) Enter dates: month/day/year	From:	Until:	Before/After School/Summer
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White Original: Local DSS/LPA

Pink Copy: Provider

Yellow Copy: Parent

Blue Copy: Local DSS/LPA

DCD-0446

Rev. 10/02

## VOUCHER (Continuation Page) Parent/RA

County Case No.:

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Dates School Age Care is Needed:	From: _____	Until: _____	Before/After School/Summer
3) Enter dates: month/day/year	From: _____	Until: _____	Before/After School/Summer
4) Circle type of care needed.	From: _____	Until: _____	Before/After School/Summer

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ male ☐ female  
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Dates School Age Care is Needed:	From: _____	Until: _____	Before/After School/Summer
3) Enter dates: month/day/year	From: _____	Until: _____	Before/After School/Summer
4) Circle type of care needed.	From: _____	Until: _____	Before/After School/Summer

White Original: Local DSS/LPA

Pink Copy: Provider

Yellow Copy: Parent

Blue Copy: Local DSS/LPA

DCD-0446

Rev. 10/02

## VOUCHER (Continuation Page) Parent/RA

County Case No.:

<b>Child's Name:</b> _____			<b>Date of Birth:</b> _____			<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female		
<b>Parent must pay the following fee beginning:</b> _____			<b>Race:</b> <input type="checkbox"/> H/L <input type="checkbox"/> AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> B <input type="checkbox"/> NH/PI <input type="checkbox"/> W					
<b>Type of Care</b>	<b>Monthly Parent Fee</b>	<b>Daily Parent Fee</b>	<b>EIS ID No.:</b> _____					
Full Time	\$ _____	\$ _____	<b>DCS ID No.:</b> _____					
¾ Time	\$ _____	\$ _____	<b>Cat. Code:</b> _____ <b>Need Code:</b> _____					
½ Time	\$ _____	\$ _____	<b>Child eligible for:</b> <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start					
<b>Transportation Payments:</b> begin on _____ and end on _____								
<b>Days/Hours Child Care is Needed:</b> Circle days and enter times.	M T W Th F S S	From _____	a.m./p.m.	Until _____	a.m./p.m.			
	M T W Th F S S	From _____	a.m./p.m.	Until _____	a.m./p.m.			
	M T W Th F S S	From _____	a.m./p.m.	Until _____	a.m./p.m.			
<b>Dates School Age Care is Needed:</b>			From: _____		Until: _____		Before/After School/Summer	
5) Enter dates: month/day/year			From: _____		Until: _____		Before/After School/Summer	
6) Circle type of care needed.			From: _____		Until: _____		Before/After School/Summer	

  

<b>Child's Name:</b> _____			<b>Date of Birth:</b> _____			<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female		
<b>Parent must pay the following fee beginning:</b> _____			<b>Race:</b> <input type="checkbox"/> H/L <input type="checkbox"/> AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> B <input type="checkbox"/> NH/PI <input type="checkbox"/> W					
<b>Type of Care</b>	<b>Monthly Parent Fee</b>	<b>Daily Parent Fee</b>	<b>EIS ID No.:</b> _____					
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<b>Dates School Age Care is Needed:</b>			From: _____		Until: _____		Before/After School/Summer	
3) Enter dates: month/day/year			From: _____		Until: _____		Before/After School/Summer	
2) Circle type of care needed.			From: _____		Until: _____		Before/After School/Summer	

  

<b>Child's Name:</b> _____			<b>Date of Birth:</b> _____			<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female		
<b>Parent must pay the following fee beginning:</b> _____			<b>Race:</b> <input type="checkbox"/> H/L <input type="checkbox"/> AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> B <input type="checkbox"/> NH/PI <input type="checkbox"/> W					
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<b>Dates School Age Care is Needed:</b>			From: _____		Until: _____		Before/After School/Summer	
5) Enter dates: month/day/year			From: _____		Until: _____		Before/After School/Summer	
6) Circle type of care needed.			From: _____		Until: _____		Before/After School/Summer	

White Original: Local DSS/LPA

Pink Copy: Provider

Yellow Copy: Parent

Blue Copy: Local DSS/LPA

DCD-0446

Rev. 10/02

## **TO PARENT OR RESPONSIBLE ADULT (RA):**

This information serves to notify you of action taken regarding the child care assistance being provided for the child listed on the front of the **Child Care Voucher** and the child(ren) listed on the continuation page of the **Child Care Voucher**. You are responsible for paying the child care provider any parent fees set by the local purchasing agency. Also, you must notify your child care provider any time that your child/ren is going to be absent from the child care facility. Please keep this form(s) in your files.

### **RELEASE OF INFORMATION**

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the reverse side gives your consent for information on this form and any future changes which affect your child care plan or the payment for your child care assistance to be given to the child care provider which you select. A copy of this form is given to the child care provider. The child care provider has signed an agreement to keep all information confidential.

### **HOW TO GET A FAIR HEARING**

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of your local purchasing agency. The hearing will be held within five **(5)** workdays of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten **(10)** additional workdays. If you are dissatisfied with the decision made at that hearing, you may have a second hearing with an impartial official from the **NC Department of Health and Human Resources**.

### **YOUR RIGHT TO BE REPRESENTED**

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call **Information and Referral at 1-800-662-7030**.

### **CHILD CARE ASSISTANCE MAY CONTINUE**

If your child care payments were stopped or changed for any reason other than lack of public child care funds, **you may** keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

### **MUST REPORT CHANGES WITHIN 5 WORKDAYS!**

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of the local purchasing agency within **5** workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony and a sanction may be imposed by the local purchasing agency. You may also have to repay all child care assistance after the changes occurred if you did not report the change to your child care social worker on time. Be careful! If you do not know whether a change is important, ask your child care social worker.

### **YOUR RIGHT TO SEE YOUR RECORD**

If you ask, your child care social worker will show you (and the person speaking for you) your child care record before your hearing. You may also see any other information to be used at the hearings, if you ask. You can get free copies of this information. You may see this information again at your hearings.

### **DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?**

Do you understand how to get a hearing? If you have any questions or want more information, please contact your child care social worker as soon as possible.

## VOUCHER (Continuation Page) Parent/RA

County Case No.:

<b>Child's Name:</b> _____			<b>Date of Birth:</b> _____			<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female		
<b>Parent must pay the following fee beginning:</b> _____			<b>Race:</b> <input type="checkbox"/> H/L <input type="checkbox"/> AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> B <input type="checkbox"/> NH/PI <input type="checkbox"/> W					
<b>Type of Care</b>	<b>Monthly Parent Fee</b>	<b>Daily Parent Fee</b>	<b>EIS ID No.:</b> _____					
Full Time	\$ _____	\$ _____	<b>DCS ID No.:</b> _____					
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<b>Days/Hours Child Care is Needed:</b> Circle days and enter times.	M T W Th F S S	From _____	a.m./p.m.		Until _____	a.m./p.m.		
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<b>Dates School Age Care is Needed:</b>			From: _____		Until: _____		Before/After School/Summer	
7) Enter dates: month/day/year			From: _____		Until: _____		Before/After School/Summer	
8) Circle type of care needed.			From: _____		Until: _____		Before/After School/Summer	

<b>Child's Name:</b> _____			<b>Date of Birth:</b> _____			<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female		
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**YOUR RIGHT TO BE REPRESENTED**

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**YOUR RIGHT TO SEE YOUR RECORD**

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**DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?**

Do you understand how to get a hearing? If you have any questions or want more information, please contact your worker as soon as possible.

<b>Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:</b>							
<b><u>SCC</u></b>		<b><u>SCC-WORK FIRST</u></b>			<b><u>FUND SOURCE</u></b>		
009 With regard to income		005 Work First Family Assistance without countable income			15 Smart Start	71 Work First	
019 Without regard to income		006 Work First Family Assistance with countable income			20 Foster Care	85 EMERGY	
020 Foster Care Recipients		055 Teen Parent – Work First Family Assistance			25 SCC		
054 Teen Parent		017 Non-WF Family Assistance employed with countable income					
		018 Non-WF Family Assistance non-custodial parent with countable income					
<b><u>NEED CODES:</u></b>				<b><u>Children Without Special Needs</u></b>			
<b><u>Child Care:</u></b>	<b><u>Seek Employment</u></b>	<b><u>Employed</u></b>	<b><u>CPS</u></b>	<b><u>Post-Sec. Educ./Training</u></b>	<b><u>Develop. Needs</u></b>	<b><u>CWS</u></b>	<b><u>HS Educ./GED</u></b>
Full Time	801	811	821	831	841	851	871
¾ Time	802	812	822	832	842	852	872
½ Time	803	813	823	833	843	853	873
Transportation	809	819	829	839	849	859	879
<b><u>NEED CODES:</u></b>				<b><u>Children With Special Needs</u></b>			
<b><u>Child Care:</u></b>	<b><u>Seek Employment</u></b>	<b><u>Employed</u></b>	<b><u>CPS</u></b>	<b><u>Post-Sec. Educ./Training</u></b>	<b><u>Develop. Needs</u></b>	<b><u>CWS</u></b>	<b><u>HS Educ./GED</u></b>
Full Time	401	411	421	431	441	451	471
¾ Time	402	412	422	432	442	452	472
½ Time	403	413	423	433	443	453	473
Transportation	409	419	429	439	449	459	479

Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.

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DCD-0446  
Rev. 10/02